

215037733
60143

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

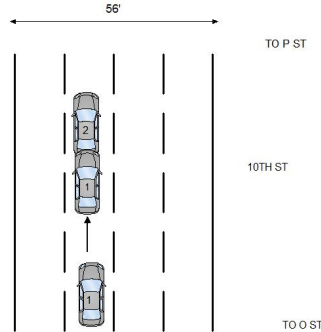
2	Total Number of Vehicles	Local No./ District 76	Agency Case No. B5-084938	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		TIME OF ACCIDENT 1318	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1320	09/16/2015		
B	85	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 10/O-P		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE		
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				150.00	X	NORTH CURB OF O ST	
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H12847276		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	1	DRIVER	MEGAN L FRANKLIN		PHONE	4025808334	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/08/1985	
G	4	OWNER	MARY K NERUD		PHONE	4024179259	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB485072	
H	5	LICENSE PLATE PA NO.	TVZ298		YEAR (Plate Expires)	2016 STATE (Of Plate) NE	
V1/O	1	VEHICLE	2004	Chevrolet	MODEL LST	BODY STYLE Compact Utility	
V2/O	1	VEHICLE ID NO. (VIN)	1GNDT13S642433853		COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000	
		TOWED TO	TOWED BY		INSURANCE COMPANY	NATIONAL FARMERS UNION	
				POLICY NO.		1PA3946739	
VEHICLE NO. 2							
I	1	DRIVER LICENSE NO.	H12304073		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER	BETHANY J JENSEN-KENT		PHONE	4022192550	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/07/1976	
J	01	OWNER	BETHANY JENSEN-KENT		PHONE	4022192550	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE PA NO.	TSF328		YEAR (Plate Expires)	2016 STATE (Of Plate) NE	
V2/Q	4	VEHICLE	2002	Audi	MODEL A30	BODY STYLE 4 door Sedan	
K	01	VEHICLE ID NO. (VIN)	WAUJT64B12N133461		COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000	
		TOWED TO	TOWED BY		INSURANCE COMPANY	PROGRESSIVE	
				POLICY NO.		31200346	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	2	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
		BETHANY J JENSEN-KENT 2203 S 8TH ST, LINCOLN, NE 68502		09/07/1976	01 1 05 4 1	F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
		4022192550					
VEH. #	2	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
		REBECCA KENT 2203 S 8TH ST, LINCOLN, NE 68502		02/10/1983	03 1 03 4 2	F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
		4022192550	BryanLGH Medical Center East (Bryan)	Lincoln Fire & Rescue			
VEH. #		NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084938

Indicate
North
by Arrow



POI
150°5' N OF N OF O ST
25°3' E OF W OF 10TH ST

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 states she was NB on 10th Street and saw traffic in front of her stopping abruptly. Driver 1 stated she attempted to stop but couldn't and rear ended Veh 2.
Driver 2 states she was stopped NB on 10th Street in traffic when she was rear ended by Veh 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2					
1	X				10TH ST				POINT OF IMPACT	01	POINT OF IMPACT	05	1	4			2							
2	X				10TH ST				POINT OF IMPACT	01	POINT OF IMPACT	05	1	4			2							
1	01	06 Turning left				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	1		4			2							
2	11	08 Entering traffic lane				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	1		4			2							
01 Essentially straight ahead					09 Leaving traffic lane					02 None					1 None used - vehicle occupant					2 Lap & shoulder belt used				
02 Backing					10 Parked					03 Top & windows					2 Deployed - side					3 Shoulder belt only used				
03 Changing lanes					11 Slowing or stopped in traffic					04 Undercarriage					3 Deployed - both front/side					4 Lap belt only used				
04 Overtaking/Passing					12 Other					05 Total (all areas)					4 Not deployed					5 Child safety seat used				
05 Turning right					13 Unknown					06 Other					5 Not applicable/No airbag available					6 Child booster seat used				
										07					6 Unknown					7 DOT approved helmet used				
										08					6 Unknown					8 Costume helmet used				
										09					6 Unknown					9 Restraint use unknown				
										10					6 Unknown									
										11					6 Unknown									
										12					6 Unknown									
										13					6 Unknown									

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
	1	1	
1 Neither alcohol nor drugs suspected			
2 Yes - alcohol suspected			
3 Yes - drugs suspected			
4 Yes - alcohol & drugs suspected			
5 Unknown			

OFFICER NO. 1331	TROOP/TEAM/BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Melissa Ripley		INVESTIGATOR SIGNATURE Approved by Melissa Ripley	DATE OF REPORT 09/16/2015